



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

September 21, 2006

FILE COPY

Richard Malm, Administrator  
Ashley Manor Care Centers Inc - Orchard  
PO Box 1176  
Meridian, ID 83642

License #: RC-646

Dear Mr. Malm:

On August 15, 2006, a complaint investigation and a follow-up visit to the standard health care survey of May 31, 2006 were conducted at Ashley Manor Care Centers Inc - Orchard. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Patrick Hendrickson, R.N., Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

PATRICK HENDRICKSON, R.N.  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PH/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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August 28, 2006

FILE COPY

Richard Malm, Administrator  
Ashley Manor Care Centers Inc - Orchard  
Po Box 1176  
Meridian, ID 83642

Dear Mr. Malm:

On August 15, 2006, a complaint investigation and a follow-up visit to the standard health care survey of May 31, 2006, were conducted at Ashley Manor Care Centers Inc - Orchard. The core issue deficiencies issued as a result of the May 31, 2006, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 14, 2006.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

*[Signature]*  
for Jamie Simpson

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/slc

c: Marilyn Kelseth, Program Manager, Regional Medicaid Services, Region IV – DHW  
Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards



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August 28, 2006

FILE COPY

Richard Malm, Administrator  
Ashley Manor Care Centers Inc - Orchard  
Po Box 1176  
Meridian, ID 83642

Dear Mr. Malm:

On August 15, 2006, a complaint investigation survey was conducted at Ashley Manor Care Centers Inc - Orchard. The survey was conducted by Patrick Hendrickson, R.N. and Debra Sholley, LSW. This report outlines the findings of our investigation.

**Complaint # ID00001701**

**Allegation #1:** A identified resident had not been showered for 3 weeks.

**Finding:** Based on interview and record review it was determined that a identified resident had not been showered for 3 weeks.

Review of the identified resident's record on August 15, 2006, revealed a Uniform Assessment Instrument (UAI) dated June 18, 2006 that documented the resident needed extensive assistance with bathing and often refused showers. Further it documented the resident often became combative with staff while they attempted to assist the resident with bathing.

The resident's record contained a Negotiated Service Agreement (NSA) dated June 27, 2006 that documented the resident needed extensive assistance with bathing, often refused showers and would become combative with staff when cares were being provided.

The resident's record contained a Behavior Management Plan dated June 15, 2006 that documented the resident became "combative during showering".

On August 15, 2006 at 2:30 p.m., the house manager confirmed the resident had refused to shower for the past three weeks. She further stated the resident was receiving bed baths in lieu of showering.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by providing bed baths for the resident in lieu of showers.

Allegation #2: An identified resident did not receive medications as prescribed by their physician.

Findings: Based on interview and record review it was determined an identified resident did not receive medications as prescribed by the physician.

Review of the identified resident's record on August 15, 2006, revealed a Uniform Assessment Instrument (UAI) dated June 18, 2006 that documented the resident needed extensive assistance with medications.

Additionally the resident's record contained a Negotiated Service Agreement (NSA) dated June 27, 2006 that documented the resident needed extensive assistance with medications.

The resident's record contained a physicians order dated August 4, 2006 that documented the resident's Seroquel was to be increased from 50 milligrams (mg) at bedtime to 25 mg in the morning and 50 mg at bed time. The above prescription was not received at the facility until August 15, 2006

On August 15, 2006 at 2:30 p.m., the house manager stated the resident's family had called the residents physician and requested a medication change because of the change in the resident's mental health. She stated the facility had not received the order to increase the medication until August 15, 2006. She further stated the facility's nurse was not informed nor she involved when the resident's mental health changed or was involved in the pursuit of medication management with the physician.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA for 16.03.22.300.02. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The facility was dirty.

Findings: Based on observation and interview it was determined the facility was clean.

Observation of the facility on August 15, 2006 at 1:00 p.m. revealed the facility was clean and order free.

On August 15, 2006 at 2:30 p.m., the house manager stated the staff have cleaning duties they perform each day and also clean the facility on a as needed bases.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation conducted on August 15, 2006.

Allegation #4: An identified residents bathroom had no toilet paper.

Findings: Based on observation, interview and record review it was determined the identified resident's bathroom did not have toilet paper.

Review of the identified resident's record on August 15, 2006, revealed an Uniform Assessment Instrument (UAI) dated June 18, 2006 that documented the resident needed stand by assistance and cueing with toileting needs.

The resident's record contained an Negotiated Service Agreement (NSA) dated June 27, 2006 that documented the resident needed stand by assistance and cueing with toileting needs.

On August 15, 2006 at 1:00 p.m. during a tour of the facility it was observed that an identified resident's bathroom did not have toilet paper.

On August 15, 2006 at 2:30 p.m., the house manager stated the resident had taken the toilet paper in the restroom, ripped it up and placed it into the toilet. She further stated the resident had plugged up the toilet 3 times requiring the facility to call a plumber. She said the resident is provided toilet paper each time she is assisted to the restroom.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by providing the resident with toilet paper each time the resident needed to use the restroom.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies. AND/OR Non-core issues were identified and included on the Punch List.

Richard Malm, Administrator  
August 25, 2006  
Page 4 of 4

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in black ink, appearing to read "PH", with a long horizontal flourish extending to the left.

PATRICK HENDRICKSON, R.N.  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

PH/slc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



## ASSISTED LIVING™

### Non-Core Issues

### Punch List

Facility Name	Physical Address	Phone Number
Ashley Manor Orchard	2150 Orchard St	388-8909
Administrator Richard Malm	City Boise	ZIP Code 83705
Survey Team Leader Debbie Sholley	Survey Type Followup & Complaint Invest.	Survey Date 8/15/06

[illegible]

Signature of Facility Representative

B. Pruitt